

proach. Some of the leading physicians had been kept out of all society relations in spite of the best efforts of the councilor and others, until the strife had come to be looked upon as chronic and almost hopeless. Declining to hear anything of the origin or history of their troubles, and having all of the factions present at the meeting, I frankly told them of the disgrace which doctors had brought upon themselves in all of the ages by causeless, senseless bickerings, how these things had consumed energies and barred progress, showed them how all had been equally to blame, but equally held in public contempt for these conditions, and then, without ever referring to their local affairs, I tried to convince them that harmony and cooperation were more important in ours than in any other vocation, and that there were at least ten reasons in favor of these pleasant and profitable relations where there was one for discord. In conclusion, I urged that if dissensions existed there a general clasping of hands, without apologies or explanations, and an individual resolution to try to do better in the future would settle everything. In less time than it has taken to tell this story there was a general and joyous handshaking going on until it embraced every one who had been in discord, and it was tacitly agreed to take every one into the society and unite in efforts to make it one of the best in the state. Dr. Jones and I remained over for a day to join in a boat ride down the bay, which the local profession insisted upon as a ratification of the era of good feeling upon which they were all so rejoiced to enter.

I feel that the foregoing is a very imperfect and restricted description of local society conditions in California. I have described things as I saw them, but am convinced that what I have said gives a very inadequate conception of this great profession as a whole. For they have a great profession. Individually they are strong. Socially they are delightful. They are more prosperous financially than in any other section I have visited. But they are weak just where they need to be strong—in their county societies. In consequence, there has been little cohesion or unity of purpose, there has been no systematic or well-directed effort to secure the cooperation of the press and other educational agencies in creating and guiding public opinion in regard to medical and public health affairs, or to concentrate the influence of the profession itself upon proper legislation.

A system of local societies, composed of and uniting all of the reputable physicians in each county, meeting at short intervals and alive to, and in touch with, every proper and available power for good in their respective jurisdictions, are the only agencies through which these things can be done. In California better than in almost any other state all of the other machinery is about complete. They have a strong State Society, and an able and fearlessly edited journal. It is the only state in the Union except Alabama, which has a secretary who can devote his entire time to this work. Dr. Jones deserves, and to a remarkable degree has, the profession solidly enlisted in his support. Their legislation is in a bad shape. They especially need a blanket provision in their medical law, like the one we have in Kentucky, which requires every one practicing the healing art under systems now in existence, or which may hereafter be discovered, to take a fair and impartial examination. There are many other things to be done, but this should receive early attention. They have little legislative influence at present, and there is danger from adverse efforts from the combined quack interests at the next session of their General Assembly, but with such a profession and such an able and unselfish leader, and with such a system of local societies, as I have urged, it can and should soon be the banner state of the Union in medical organization, including model medical legislation.

A GREAT WORK. WHAT A COUNTY SOCIETY MAY DO.

The following letter from one of the leading surgeons of Indiana contains so much of interest to county societies, indicating what may be done in any section where as many as three or four wide-awake men can be gotten together, that we are glad to put it before the profession. "What one man has done, other men can do."

Valparaiso, Ind.,
December 21, 1905.

DR. J. N. McCORMACK,
Chairman Committee on Organization,
Bowling Green, Ky.

Dear Doctor:

Your letter asking me to elaborate our plan of Post Graduate work here, with the view that such an account may be used in inducing other medical societies to do likewise has been received.

I am greatly pleased to have the privilege to do this, not only for your personal gratification, but for the reason that I am confident that it will redound to the very great benefit of such societies as deem it wise to adopt our plan, as well as to the individual members. It will enable them to do better and more efficient work for the public as a whole, and aid each individual physician in rendering the best possible service to the unfortunate sick.

Our work was begun two years ago by getting every physician interested in becoming more familiar with scientific and practical knowledge which would be an advantage to him at the bedside, and which would broaden him as a physician. With this end in view, we rented a room, formed a club, and endeavored in every way to appeal to and build up the social, scientific, and material spirit and welfare of the profession. From every point of view I desire to report that we have been eminently successful.

In carrying out this plan we divided our work in such a way that each physician was required to act as a teacher of some special subject, and all the others took their places as students once more. Anatomy and Surgery were assigned to one, Physiology and Practice to another, and so on through the list of subjects, one fundamental and one practical branch to each teacher. Our meetings were held twice a week, regular lessons were assigned, and we were expected to be present and give one hour's time to the recitation and study of such subjects as were assigned to that evening. In this way we were enabled not only to exchange individual views as to what we believed, but could always have some good medical authority to place us right if it were found that we were wrong. This plan proved very desirable and we soon learned that the teacher of the topic derived far greater benefit from his course, for the reason that he was required to study more to hold his ground, often against the combined opinion of his class.

After going along in this way for a time it became apparent that our faculty should be changed from time to time, in order that the teachers should become proficient in more than one subject. I desire to report to you that we found this most satisfactory, and that it has resulted in a marked improvement in the attainments of every member of our profession, which means of course of the profession as a whole.

The social feature of our plan has done as much, if not more, for the good of the profession, as the scientific work. I am now able to say that we have no one in this county not on the most friendly terms with each other, and that such condition is because they actually desire to be friendly.

In addition we have kept up our regular society meetings, always with increased interest, and although ours is not one of the large counties I feel safe in saying that we have one of the best, if not

the best, society in the state of Indiana, and we are resolved to go on and make it still better.

In connection with this work it did not take us long to determine that, in consideration of the increase in the cost of living in recent years, we were not being adequately paid for our services, and we concluded that it was only just that the scale of fees should be increased one-half. In order that this might be uniform we all signed the schedule definitely fixing the price of services for both day and night and had this published. It went into effect without a single ripple and has been strictly maintained. I have never heard a complaint on the part of the public or of the agreement being violated by any member. In fact the public seem to understand the necessity for the change, largely for the reason that it knew we were making an heroic effort to give the people better service. The results have been that our incomes have been increased by one-half, and that night work has been reduced to a minimum, giving us the evenings for post-graduate work and to spend with our families. While we have not accomplished all that we set out to do, we have certainly made rapid progress, and are not to stop or falter until our ideals are attained.

Probably this very crude plan might be greatly elaborated and improved, but it has worked so well, and given such universal satisfaction here that I am sure none of us would be willing to disturb our present satisfactory condition.

Should you be able to use what we have done as an incentive for others, or to elaborate it for the promotion of medical organization, you will have the very best wishes of every member of our profession in doing so. With personal best wishes,

I am, most sincerely yours,

DAVID J. LORING, M. D.

ASPHYXIA NEONATORUM. A NEW METHOD OF RESUSCITATION.

By WILLIAM HIMMELSBACH, M. D., San Francisco.

THE method proposed was first used by me in March, 1900, since which time I have applied it in twenty cases, with uniform success. I claim priority, although Dr. Samuel Wolf, of Philadelphia, later in the same year, as gleaned through subsequent correspondence, likewise used my method, though not aware of it at the time, evidently two minds running in the same groove.

Before detailing the last three cases, typical of all preceding, I would beg indulgence in a few general remarks pertinent to the subject in question.

Suspended animation, as is well known, is commonly divided into two stages, the "anemic," or "asphyxia pallida," and the "apoplectic," or "asphyxia livida." Peripheral stimulation in one case is frequently successful, while in the other it is useless.

The anemic form is due to insufficient nourishment, torsion or compression of the cord, disease of placenta, disturbance of placental circulation, congenital diseases, malformation, morphine or chloral, premature labor, whereas the apoplectic form is the result of tedious labor, premature first stage, breech presentation, forceps. In the one case, there is an insufficient blood supply; in the other, local congestion, general venous stasis, diminished supply of maternal or placental blood, due to direct interference with umbilical circulation. In the anemic form, when occasioned alone by the loss of blood, there is a depletion of the circulatory system, as well as deficiency in maternal blood supply.

Prognosis is usually considered unfavorable. I simply advocate, in addition to the older methods, the newer one given below, as even seemingly hopeless cases have been restored and preserved.

The following history has been gathered from pa-

pers of Dr. Bissell and others. In 1543 Visalio published his experiments, which demonstrated the effect produced upon the heart when the lungs of animals were inflated with air. In 1664 Robert Hook introduced artificial respiration, the principles of which have ever since been the recognized means of reviving, where suspended animation exists, but to Marshall Hall we are indebted for having made the first advance in the study of the nature and cause of asphyxia, one of the forms of suspended animation, superior to any previously suggested.

In 1824 Dewees advised placing the child head downward, and holding the body and the hips higher than the head, and renewing the inflation alternately. In 1883 Professor Simpson, of Edinburgh, taught to first hold the infant by the heels, to allow any fluid to run out of the air passages, and then perform artificial respiration by the Schultze method. Dr. Morrison, in an article, described the condition as a disease of the circulatory and not the respiratory system. Dr. John McKenzie, in the *Lancet*, however, described a case in which the heart continued to beat for more than four hours, without the respiratory function having acted. Puzzled at the phenomenon of the heart beating all this time without the faintest appearance of respiration, the idea struck him that the heart was stimulated mechanically through the terminal filaments of the vagus, by air passing through the esophagus into the stomach, and not, as he had imagined, by the presence of oxygen in the fetal blood. To clear up this doubt he managed to pass air by means of a small rubber catheter into the stomach, and whilst doing so, heart beats fell back to the original condition, slow and feeble, just ticking in the distance, but on resuming blowing air through the mouth and nostrils the heart responded and improved as already described. This he did over and over again, and at last, in despair, and to his regret, left his patient. It then had a strong, bounding pulse. On returning the next morning he found the child dead. How much longer than four hours the heart continued beating he was unable to say.

Dr. W. C. McGee, of Ohio, claims to have resuscitated sixty-eight cases within two minutes after birth. He catches feet in one hand to hold child securely and places the other hand over the shoulders from behind, and two fingers on each side of the neck for protection. Then he takes the child head down and feet up, and begins up and down movements, at first slowly and then getting up to fifteen or twenty. If the cord is not long enough to permit motion he waits five minutes, cuts the cord and ties.

Dr. Bissell is a strong advocate of suspension by the feet. In regard to the cord, he says: "If we have to deal with the apoplectic form, it is well to allow the umbilical circulation to continue several minutes after birth. The engorged vessels are thereby relieved without loss of blood, as occurs when the leakage is allowed from the severed cord. Should efforts at respiration not be made during the first two or three minutes, it is best to ligate and sever the cord immediately after birth, so as not to allow increased loss of blood."

Other methods are Schultze's, Mouth insufflation, Byrd's, Forest's, Pacini's, Schroeder's, Sylvester's, Laborde's. As regards Schultze's method, cases have been reported of rupture of the liver, with fatal termination; and Schultze himself reports a sudden death after resuscitation, the autopsy showing a broken bone having perforated the pleura and lung.

I shall now give a history of my last three resuscitations by the new method.

Case I. Primipara, aged 22. Called at 10 P. M., June 9, 1905. Abdominal palpation showed the child's back in the right flank, with the extremities to the left above. Heart sounds distinctly heard to the right and below the umbilicus. Os sufficiently dilated to detect by vaginal examination, the sagittal suture in the oblique diameter, the small fontanelle toward the right sacroiliac joint. Diagnosis, vertex presentation, R. O. P. position. Membranes ruptured spontaneously at midnight, June 10th.